



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Steve G. Baker, Brett J. Carter, Stefan J. M. Kraemer,  
Clifton A. Alferness, John M. Adams

Title: TISSUE FIXATION DEVICES AND A TRANSORAL  
ENDOSCOPIC GASTROESOPHAGEAL FLAP VALVE  
RESTORATION DEVICE AND ASSEMBLY USING SAME

Serial No.: 10/783,717

Filing Date: February 20, 2004

Examiner/Unit: Natalie R. Pous / 3731

Attorney Docket No.: 2234-3-3

**TRANSMITTAL LETTER**

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 7<sup>th</sup> day of December, 2006.

  
Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

XX The fee has been calculated as shown below:

       No additional claim fee is required.

Computation of Fee  
For Claims as Amended

	Claims Remaining After Amendment		Highest Number Previously Paid for		Present Extra	Rate	Addl. Fee
Total Claims	98	Minus	114 =		0 x	\$50/\$25 =	\$-0-
Independent Claims	6	Minus	5 =		1 x	\$200/\$100 =	\$100
Total additional fee for this amendment							\$100

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

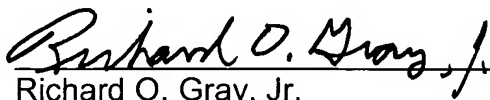
XX Check No. 26929 in the amount of \$100 for the additional claim fee is enclosed.

\_\_\_\_\_ Charge \$\_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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